

## ACKNOWLEDGEMENT OF NOTIFICATION OF REGULATED WASTE ACTIVITY (VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

IXR000002519

03/30/95

TEXACO STATION
333 RESEARCH COURT
NORCROSS • GA 30092
DARVIN E MAYO ENV COORD

INSTALLATION ADDRESS

5643 FREDRICKSBURG RD SAN ANTONIO ,TX 78229

EPA Form 8700-12A (6-90)

form Approved. CMB No. 2050-0028. Expires 10-31-91

Please refer to the Instructions for Filling Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act)

## & EPA

## Notification of Regulated Waste Activity

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of the Resource Conservation and Recovery Act). United States Environmental Protection Agency I. Installation's EPA ID Number (Mark 'X' in the appropriate box) : C, Installation's EPA ID Number B. Subsequent Notification A. First Notification (complete item C) II. Name of installation (include company and specific site name) III. Location of installation (Physical address not P.O. Box or Route Number) Street Street (continued) City or Town State ZIP Code County Code County Name IV. Installation Mailing Address (See instructions) Street or P.O. Box **建设设置** City or Town State ZIP Code V. Installation Contact (Person to be contacted regarding waste activities at site) Name (last) 22.44年,至中华沙漠区 (first) Job Title Phone Number (area code and number) VI. Installation Contact Address (See Instructions) A. Contact Address B. Street or P.O. Box Location Mailing 是多数以外 City or Town State ZIP Códe VII. Ownership (See Instructions) THE REPORT OF THE PARTY OF THE A. Name of Installation's Legal Owner Street, P.O. Box, or Route Number City or Town?: State . ZIP Code O B. Land Type C. Owner Type D. Change of Owner (Date Changed) Month Day Year A good incicators at No!

A .... Description of the second

		ID – For Officia	I Use Only	
VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)				
A. Hazardous Waste Activity		B. Used Oil Fuel A	ctivities	
1. Generator (See Instructions)  a. Greater than 1000kg/mo (2,200 lbs.)  b. 100 to 1000 kg/mo (220 - 2,200 lbs.)  c. Less than 100 kg/mo (220 lbs.)  2. Transporter (Indicate Mode in boxes 1-5 below)  b. For commercial purposes  Mode of Transportation  1. Air  2. Rail  3. Treater, Storer, Disposer (a Note: A permit is required finis activity; see Instructions 4. Hazardous Waste Fuel  a. Generator Marketing to b. Other Marketers  c. Burner - indicate device Type of Combustion D.  1. Utility Boiler  2. Industrial Boiler  2. Industrial Furnace  3. Treater, Storer, Disposer (a Note: A permit is required finis activity; see Instructions 4. Hazardous Waste Fuel  a. Generator Marketing to 5. Underground Injection Core	or s. Burner e(s) evice	b. Other Mari	Marketing to Bakerer  ndicate device(sombustion Devi- ity Boiler  justrial Boiler  justrial Furnace	urner s) - ice arketer Claims
IX. Description of Regulated Wastes (Use additional sheets if necessary)				
A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes correspo wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)  1. Ignitable 2. Corrosive 3. Reactive 4. Toxic (D001) (D002) (D003) (D000) (List specific EPA hazard				
B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need a second se	I to list more that	5 11	12	
C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)				
1 2 3 4		5	6	
X. Certification				
I certify under penalty of law that I have personally examined and amf and all attached documents, and that based on my inquiry of tho obtaining the information, I believe that the submitted information I that there are significant penalties for submitting false information imprisonment.	se individua s true, accui	als immediately rate, and compi	responsible ete. I am av	e for ware
Signature  E. B. JORDAN ADMINIODERA	nt) PIONS	Date Signed	25-95	
Xi. Comments				. 4
PERIODIC OR OCCASIO	NAL	CTENERO	rbr	!
Note: Mall completed form to the appropriate EPA Regional or State Office. (See	Section III of th	ne booklet for addr	esses.)	<del></del>